## MULTIPLE DE ENDENT CLAIM FEE CALCULA N SHEET (FOR USE WITH FORM PTO-875)

10/517321

FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER  1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEI
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3				/-			<u>52</u>						
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AL DEP.		4		4		<b>4</b>	TOTAL DEP.		<u>+</u>		<b>◆</b> □	<del></del>	4
TOTAL LAIMS	ŀ	<b>10.00</b>		202		<b>3</b> 3	TOTAL CLAIMS				<b>等</b>		1979